



ACCOUNT APPLICATION

DATE OF REQUEST _____

BUSINESS NAME _____

TYPE OF BUSINESS _____

ADDRESS _____

E-MAIL ADDRESS _____ Digital Contact E-Mail _____

CONTACT PERSON/TITLE _____

RECORDING/DIGITAL CONTACT PERSON _____

ACCOUNTING CONTACT PERSON _____

TELEPHONE _____ FAX _____

AUTHORIZED USER(S) OF THE ACCOUNT _____

TYPE OF ACCOUNT REQUESTED _____

Recording _____ Searches _____ Copies _____ Digital Recording _____

CD Daily _____ CD Master _____ CD Master Affs _____ Microfiche Daily/Affs _____

Briefly explain your reason for requesting an account with this office. (Use reverse side if additional space is needed)

If this application is approved, I understand \$300 is the minimum amount accepted to open the account. A minimum balance of \$50 must be maintained at all times. At the time of recording or copy request, if your account does not have sufficient monies above the minimum balance, the request will be denied. Accounts inactive for one year or longer will be terminated.

SIGNATURE/TITLE

**PLEASE RETURN COMPLETED APPLICATION, COMMERCIAL PURPOSE, ADDENDUM AND COPIES ONLINE
ACCESS FORMS TO MARIE FREER'S ATTENTION AT THE ADDRESS LISTED BELOW.**

Approved by: _____

Request rejected: _____

Date Account opened: _____

Date: _____

Account number: _____

Reason: _____

In accordance with A.R.S. §39-121.03, all applicants must have certified statement of commercial use on file in the Maricopa County Recorder's Office prior to approval of this application.